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ABSTRACT

This paper presents a six-stage model for sexual decision making which is based on six questions, each of which represents a point at which a decision must be made. The six questions are: (1) intercourse or no intercourse; (2) children or no children; (3) birth control or no birth control; (4) delivery or abortion; (5) keep the child or give it up; (6) remain single or marry. The discussion includes the considerations and implications inherent at each stage with emphasis on the effect of the various decisions upon child, parent, extended family, and society as a whole. The purpose of the model is to give adolescents knowledge and training in problem solving and decision-making so that they can discover the alternatives, examine the various implications and relate these to their own individual needs and values. The model could provide a framework for discussion which would encourage sexual decision-making on the basis of long-range implications rather than on short-term needs. (Author)

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A CHAIN OF SEXUAL DECISION-MAKING*

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A CHAIN OF SEXUAL DECISION-MAKING

The author presents a six-stage model for sexual decision-making. The discussion includes the considerations and implications inherent at each stage with emphasis on the effect the various decisions have upon child, parent, extended family, and society as a whole. The paper concludes with a statement of the utility and value of the proposed model. Hopefully, it could provide a framework for discussion which would encourage sexual decision-making on the basis of long-range implications rather than on a short-term basis.

"One measure of a civilized society is the degree to which its inhabitants control and direct their sexual behavior without external coercion. Control and direction are not automatic but must be learned." (Mahoney and Thoresen, 1972, 10)

Until recently, control and direction of sexual behavior were maintained within the structure of the family and the church. Within these institutions the individual was trained to follow the appropriate rules and regulations related to sexual behavior. However, for many young people, these sources of influence have been greatly weakened or practically eliminated. At the same time, pressures and opportunities for sexual experiences are presented

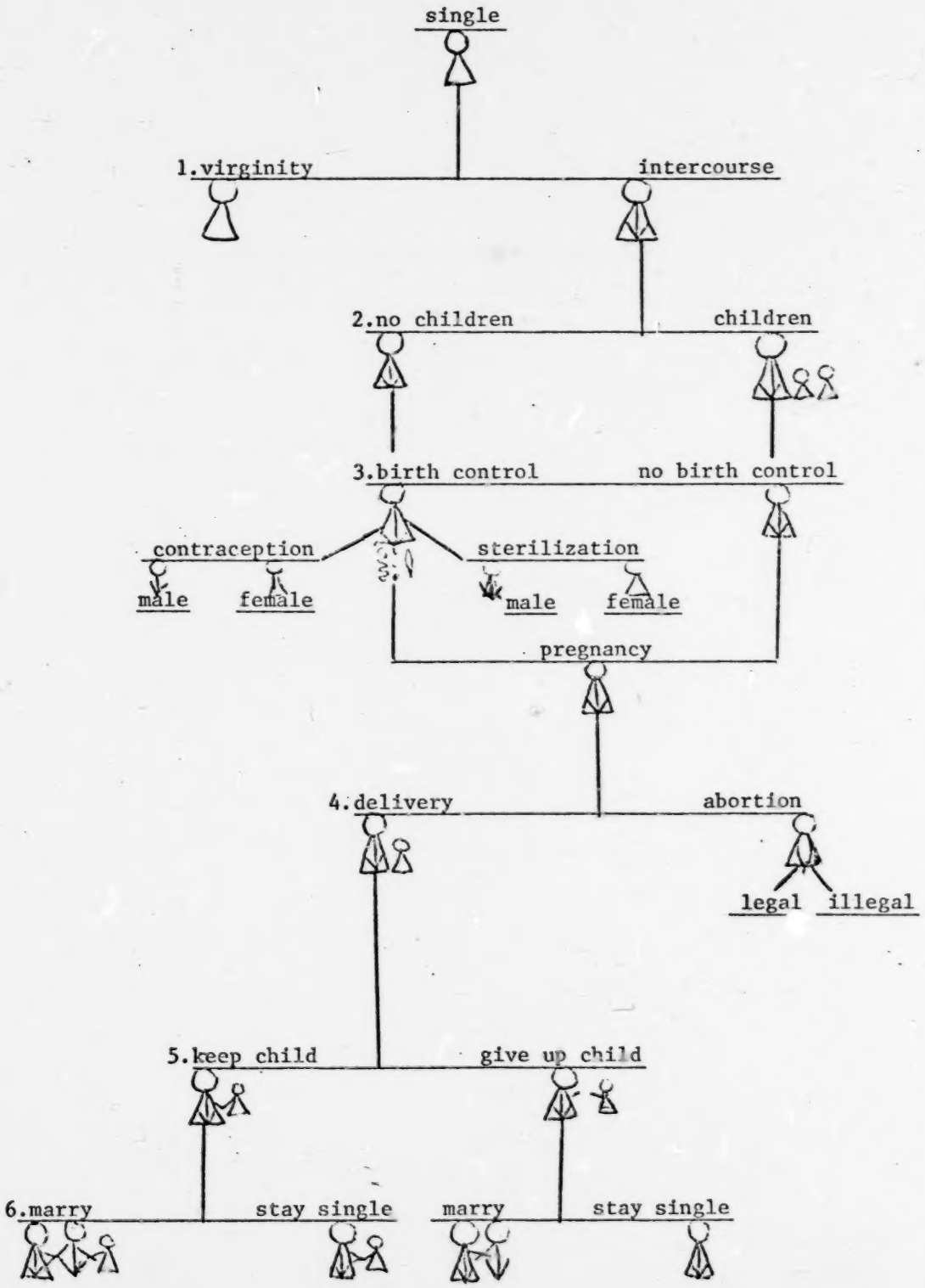
at increasingly early ages. In addition, adolescents are moving away from parents and are searching for some form of internal guide for their decisions. One of the most important areas of decision-making is the sexual one. Thus, to a greater extent than previously, the young person now has the primary responsibility for controlling or directing his or her sexual behavior. Moreover, at the same time, adolescents have little training or preparation for this important task.

Sexual decision-making encompasses many aspects of sexual behavior. Several of these have been investigated by Kirkendall (1967) and Diamond (1973). Kirkendall interviewed college males regarding situations in which they had made decisions concerning possible heterosexual intercourse. He examined some reasons for accepting or rejecting the opportunity. Diamond traced some parameters involved in the decisions of a matched group of women to carry their pregnancies to term or to seek an abortion. Both of these studies pointed to the lack of a problem-solving, systematic approach to decision-making.

The proposed model for sexual decision-making is an attempt to fill this gap by tracing the sequence of questions which must be considered by the individual beginning with the decision to engage in sexual intercourse or to abstain from it. The purpose of this model is to serve as a discussion guide and as a teaching-learning approach. Hopefully, this would help young people to understand and direct their sexual behavior.

FIGURE 1.

A MODEL FOR SEXUAL DECISION-MAKING



However, the manner in which the individual utilizes the model will be influenced by his unique personality and background. Perhaps the four most important determinants in this respect are knowledge, abilities/skills, values, and self-concept. Knowledge is the necessary raw material and provides a basis for evaluation, choice and action. Abilities and skills fall into two relevant categories, affective--those necessary in communicating and relating, and cognitive--those which will determine how efficiently the individual uses his knowledge and how effectively he solves his problems. Values and self-concept are closely interwoven and serve as guides and monitors of behavior. The manner in which the individual acts at each stage in the chain of sexual decision-making will be affected by all these factors. In this paper only one aspect of knowledge and one aspect of ability are considered. These are (1) the knowledge of the chain-reaction which a single decision triggers and (2) the ability to follow each successive stage of decision-making, to examine the consequences and to consider the subsequent choices which are necessitated. In other words, the emphasis is on the individual's ability to follow logically the cumulative ramifications of a single sex-related decision.

The Model

The model for a chain of sexual decision-making is based on six questions, six points at which decisions must be made. The example selected is the chain reaction which is set off for the young person reaching sexual maturity. At this time, in our culture, a decision about sexual intercourse versus virginity is almost inevitable. The initial

decision, "To have or not to have sexual intercourse?" can have far-reaching ramifications since it automatically leads to a chain of subsequent choices. One can halt at some of the links in the decision-making chain depending upon the choice made at that point. Other decisions allow no reversal or stopping but require the consideration of the next question.

These are the six basic questions and the choices that lead from each one to the next:

Question	Choice or Result
1. Intercourse or no intercourse?	1. intercourse
2. Children or no children?	2. either[1]
3. Birth control or no birth control?	3. pregnancy
4. Delivery or abortion	4. delivery
5. Keep the child or give it up?	5. either[2]
6. Remain single or[3] marry?	

Footnotes

1. A decision about the use of birth control is relevant for those who plan a family as well as for those who do not want children.

2. Whether or not a child is involved, couples may consider the possibility of marriage.

3. The decision, "To remain single or to marry?" could have been the first link in the chain. However, it seems realistic to begin with the question, "To have sexual intercourse or not?"

1. Intercourse or No Intercourse?

In order to come to grips with the question of whether or not to participate in sexual intercourse one should have some understanding of factors which could influence this decision. In addition, whether the choice be to have intercourse or to abstain, the individual should be aware of the questions which will arise, the problems which must be faced, and the implications of subsequent actions.

Factors which influence the decision. In spite of the weakening influence of family and church, a majority of young people relies upon or is affected by imposed and internalized sanctions, rules and customs handed down through time and based on the experience of past generations. For some, fear, respect, and concern will be important sources of behavior control. For everyone, individual needs influence behavior. Since man can rarely know himself completely, it is difficult for humans to predict their specific reactions and to foresee their exact behavior. This is especially true in terms of initial sexual experiences.

Fear can influence the decision to have or not to have sexual intercourse. As a deterrant, it can relate to physical hazards, either immediate or long-range, and to the future in terms of moral retribution. Physical fears are associated with pregnancy and venereal disease. Both are possible outcomes of sexual intercourse. Both can be prevented and controlled. Certainly, easy accessability of contraceptives is lessening the fear of pregnancy. However, this has not lead to a corresponding rise in contraceptive use.

At present there is a rise in the rate of VD. Some of this increase may be attributed to cases contacted, not through sexual intercourse, but by oral-genital sexual activity. However, actual sexual intercourse is the primary method of contact. Early detection and treatment can be effective but new strains are much more resistant to previously effective drugs (Wallace, 1971; American Social Health Association, 1972). In addition, apprehension is warranted by increasing evidence of the hazards to both the adult and to the new-born infant (Nazarian, 1972; Martin, 1973).

Fear, based on moral consequences, is tied to religious teachings and beliefs about punishment and retribution in the life thereafter for wickedness in this life. Even if this belief is not held, respect for religious, familial, and social values will be influencial. This leads to the second category.

Respect and concern. Respect for values and concern for others, are important considerations which each individual takes into account when making decisions. Socio-economic, ethnic, religious and educational background all have a bearing upon attitudes and values. These in turn will be responsible for feelings of achievement, satisfaction, guilt, or anxiety experienced by the individual in relation to his sexual behavior. In spite of the widely-held assumption that sex-related morals and values are slackening and relaxing, until recently, research has consistently revealed that attitude change is not necessarily accompanied by change in behavior (Reiss, 1968; Robinson, King, Dudley, Clune, 1968; Robinson, King, Balswick, 1972).

Evidently young people often accept more liberal standards for others but reject them on the personal level (Merit Publishing Co., 1970). Even though the influence of church and society is weakening, degree of religious committment and actual activity in church functions still appear to be indicators of degree of sexual permissiveness (Mann, 1967; Bell, Chaskes, 1970).

Concern for others will be a consideration for many individuals. Family, friends and partner will all be affected in some way. Their reactions will, in turn, affect the individual. No man is an island and unless one escapes to a distant place or loses oneself in some crowded, impersonal milieu, there will be the problem of what to reveal and what to conceal. There will be questions such as these; "Who will be hurt?", "Who will treat me differently?", "How will I feel toward my partner?","How will my partner feel toward me?" These are some of the unknowns.

Individual needs usually provide the motivation for sexual encounter. This could apply at each of Maslow's levels from physiological to safety, love, esteem, and self-actualization needs. Schulman (1967), in his article, "The Uses and Abuses of Sex", has pointed out some of the positive and negative aspects of such motivation. He considers enjoyment, closeness, and comfort as positive motives. Power and revenge are examples of abuses of sex.

Currently, the most frequently-cited justifications for sexual intercourse appear to be the following: (a) the individual's rights to freedom and self-fulfillment, (b) the need to learn through experiencing in order to have a better adult relationship, and (c) the means of obtaining peer-approval

and acceptance. Certainly freedom, self-fulfillment and individual rights are ultimate goals of the self-actualized individual in our society. At the present time, traditional values are being challenged by youth attempting to achieve these aims: however, often the maturity and responsibility implicit in these goals are lacking. These two questions are rarely considered: "Responsible for whom? and Freedom for what?"

Learning through doing and experiencing is a pedagogically-sound principle. However, the stakes are high in the game of sexual intercourse. There is scant evidence that sexual intercourse leads to improved relationships. Nor are there indications that practice makes perfect or that pre-marital sexual experience results in satisfactory marital adjustment. Similarily there is little evidence on the negative side (Glassberg, 1965; Shope, Broderick, 1967; Miller, Wilson, 1968; Kantner, Zelnick, 1973). However, doubts have been expressed concerning the ability of the person with a history of many and varied sexual contacts, to form a stable and satisfying relationship. Thus, the individual, learning through doing, must run the risk of unknown consequences and unforeseen reactions.

Peer approval and acceptance are powerful motivational forces at the time of adolescence. Thus, one finds a higher rate of premarital sexual experience among those who have weak family, church, and social supports (Kantner, Zelnick, 1973). Until recently it has been difficult to apply figures on intercourse to adolescents. The standard 40% most frequently reported, is usually based on college students. The Kantner report does break the sample down and, of the total 28 percent of never-married women

aged 15-19 who reported having intercourse, the proportion increased from 14 percent at age 15 to 46 percent by age 19. Of course, self-report is always questionable except in the case where the girl is or has been pregnant. In order to escape peer pressure, some individuals lie about participation (Greene, 1964).

Choice of sexual outlets for virgins. Sexual expression is normal, natural and healthy. Thus, the individual who selects virginity rather than intercourse must find some satisfactory sexual outlet. Those available range in degree of acceptability, both in personal and social terms. Some possibilities involve no other individual and could go undetected and result in no harm. Defense mechanisms such as sublimation, compensation, fantasy, and escape into reality can be healthy or unhealthy, depending upon the extent to which they become habitual. A second category of behaviors might be considered by a majority abherrant, deviant, or non-normal. This would include exhibitionism, fetishism, sadism, nechrophelia, bestiality, or excessive preoccupation with pornographic materials. In a third category are masturbation, homosexuality and petting up to the point of intercourse without going all the way. This list illustrates the varied sources of satisfaction available to the individual who chooses to remain virgin. Incidentally, these are by no means restricted to the virgin and may be aspects of non-virgin behavior also.

Considerations accompanying intercourse. The person who chooses to have intercourse will face practical problems such as finding a partner and arranging time and place. Three questions will immediately arise: "With whom? Under what circumstances? and In what manner?" In addition, the individual must be able to justify the decision to himself or to herself. This requires the formation of a philosophy or set of standards which will serve as guidelines.

For young people today, type of relationship and degree of affection appear to be important aspects of the choice of partner. Degree of commitment is less important. In some cases, since affection is seen as "good" in itself, multiple partnerships may not be viewed as promiscuous. For some people degree of responsibility and type of family or group structure may be important considerations (Macklin, 1972).

The question, "Under what circumstances?" is tied closely to some aspects of the first one, "With whom?" For some individuals, commitment such as engagement, will be a requirement. Goals, values, self-concept and individual needs--all will influence the decision.

Currently, sexual partners have ready access to "how-to-do-it" information. Sex researchers and writers have pointed to the infinite variety of which man is capable in his sexual activity. Sources such as "Human Sexual Inadequacy, The Sensuous Woman, and Deep Throat", describe the many positions and sexual activities which are accepted or practiced. In fact none of this is new. Terminology may vary. However, early writers and historians have documented all that is known today. And so the person participating in sexual intercourse, will decide whether or not the missionary position is his sole one; whether oral sex, group sex, homosexual encounters, swinging or extra-marital sexual experiences are acceptable to him or to her.

Summary. Undoubtedly, many sexual decisions are made on the spur of the moment. Probably, it seems unrealistic to suppose that one would calculatedly decide upon all the above-mentioned factors and then set up prerequisites for sexual activity. However, ideally, this is what an individual should do, whether or not this is a cumulative type of project which builds up through

time and experience, or whether preparation takes place in advance through discussion. The latter course would allow young people to become aware of the imperative questions to be answered prior to each sexual decision. In other words, a type of training is suggested which should enable the individual to foresee some of the problems which will arise and to either avoid the situation or be ready with a plan of action.

2. Children or No Children?

Should the first decision in the chain be to have intercourse then the next major decision is whether or not to have children. Here, the considerations which should influence the choice have been organized in terms of those who are likely to be affected by the decision--the parents, the infant, the extended family and society as a whole. The focus of this discussion is on the teenager. However, much could be applied to older parents also.

Effect upon the Parents. The parents of the infant should consider both present and future implications for themselves irrespective of the child. These encompass educational opportunities, economic stability, emotional reactions, and physical aspects. It has been shown that if a teenaged couple marry when the wife becomes pregnant, they fail to catch up with their peers in terms of education and income, because of the investment at the time of pregnancy and birth (Coombs, Freedman, Friedman, Pratt, 1970). This often involves dropping out of school for the parents.

Emotionally and physically the young adolescent is least well-prepared to handle the multiple responsibilities of home and family. Physically the young mother has more complications. Emotionally, she rarely has the support

needed to carry her through the pregnancy, delivery and child-raising stages (Barglow, Bornstein, Exum, Wright, Visotsky, 1968). Also there is the long-range effect upon future relationships, either with the partner or with others. Each additional individual in any relationship, even an infant, complicates the picture, compounds the interactions, and increases the possibility of problems and crises (Menken, 1972).

Effect upon the infant. Considerations for the infant involve physical, emotional and social aspects. The young unmarried mother is a poor risk as far as her infant is concerned. Babies born to such girls have more physical problems at birth and in early infancy. The unwed mother is likely to have poor prenatal care and diet and this affects the infant (Osofsky, Osofsky,1970). Emotionally, the young parents may be less able to deal with the task of raising the child, since many of them are still developing themselves and attempting to solve their own problems. While there are no firm statistics indicating that the battered baby is more likely to have unwed parents or young parents, there is some supporting evidence. Such treatment is not only physically damaging to the infant but also emotionally destructive (Gill, 1970).

The next point has both emotional and social implications. Society still labels the child of unwed parents a bastard. And this label can be emotionally and socially damaging. Malinowski (1966, 36-37), has set forth his Principle of Legitimacy, and it still holds today in much of our culture.

> "The most important moral and legal rule concerning the physiological side of kinship is that no child should be brought into the world without a man - and one man at that - assuming the role of sociological father, that is

guardian and protector of the male link between the child and the rest of the community."

Effect upon the extended family. For the extended family, the grandparents, aunts and uncles of the infant, the implications may be economical, emotional and social. Some families will never know. Some will be deeply involved. Some will react with grief and shame. Some will provide support, both economical and emotional. Some will raise the child as their own (LaBarre, 1972). Each couple will have to try to predict the impact on their own family members and the possible repercussions in terms of their established relationship with these significant others.

Effect upon society. From the viewpoint of the larger society, the major concerns relate to utilization of resources, both financial and human. In terms of the child, the question may involve cost of welfare payments, possible mental health problems, concerns about population zero, and the impact of numbers of children conceived with no stable family structure. There is evidence to suggest that the mother of an illegitimate child tends to repeat the experience (Barglow, Bornstein, Exum, Wright, Visotsky, 1968). Also a generational pattern of illegitimacy has been found (Wessel, 1968). In terms of parents, the question is one of possible underutilization of potential because of early necessity to assume the responsibilities of parenthood.

3. Birth Control or No Birth Control?

The third decision, to use birth control methods or not applies to both those who want children and those who do not want children. For the latter, this should be an imperative decision. If it is not, then the couple

is immediately precipitated into the next decision-making situation; "If I don't use birth control, don't want children, and become pregnant what will I do?" It is for this reason that I have placed the question "To Have Children or Not?", before, "To Use Birth Control or Not?" This discussion will focus on the pros and cons of two methods of birth control, contraception and sterilization.

Contraception. Individuals, faced with a decision about the use of contraceptives should know both the positive and the negative factors. On the positive side, through the use of contraceptives one can lessen the fear of pregnancy and presumably encourage more relaxed, enjoyable sexual intercourse. Also, there should be a lower incidence of unwanted pregnancy and fewer cases of illegitimacy. If the condom is used there should be less risk of contacting venereal diseases.

On the other hand there are negative aspects of contraception. Some of these are tied to emotions, attitudes and values. Religious and parental regulations or customs may act as deterrants. Some individuals feel that the use of contraceptives indicates intent to have intercourse and this causes guilt feelings. Others feel that the use of contraceptives detracts from the sexual experience. Adults fear that widespread use of contraceptives by young people will encourage promiscuity.

For some individuals the more practical aspects of the problem still remain. "Whose responsibility is birth control? Who should use the contraceptive? How does one get it? What type should one use?" These are all valid questions. The female, especially should be aware of possible side effects of the various methods, and also should know of the long range effects of consistent use. Medical literature reports regularly upon the necessity

for individualized attention to the type of birth control used, (Kane, Daly, Ewing, Keeler, 1967; Sturgis, 1968; Herzberg, Johnson, Brown, 1970; M.D., 1973).

Sterilization. The second alternative for insuring, "No Children" has many of the same pros and cons as does the use of contraceptive measures. However, there is one difference. With present methods this procedure is irreversible. However, research is proceeding which will allow reactivation in the male (Hospital Practice, 1973). Again questions arise, "Should the male or female be sterilized? What will be the psychological effects? What of future mating or remarriage? Should use of the sperm bank be considered? Is population zero important?" One would assume that questions relating to sterilization would have varying connotations, for example, for the 40 year old father of 10 in comparison to the 18 year old unmarried teenager.

4. Delivery or Abortion?

Should pregnancy occur, either planned or accidental, a decision must be made, whether or not to deliver the child. Background factors which influenced decisions at the previous three links of the chain will apply here. The major points concern illegitimate children, population problems, young parents as bad risks, negative effects upon the young parents present and future, and loss of potential to society. However, the question of abortion raises additional considerations. Some are general in nature. Others are more specific.

General considerations. It is a fact that with more liberal laws, abortion is now accepted and practiced with increasing frequency. However, religious and social mores remain important influences in this decision.

For many individuals this will be a moral decision, and firmly established attitudes, beliefs, and teachings will serve to direct decisions. The second general consideration is an unknown. The psychological and physical effects of abortion can not be predicted. Research indicates that abortion, under ideal circumstances and barring complications, is physically as safe as pregnancy to term and delivery. Psychological effects will be highly individualized and can not be predicted accurately, (Kantner, Zelnick, 1972; Schaffer, 1972).

The next two points are related to responsibility and thoughtful decision making. Abortion is a remedial rather than a preventive action. Careful planning and reliable action could eliminate the issue for most people. Exceptions may arise, for instance in the case of rape or mental deficiency. Failure to accept responsibility for prevention of pregnancy and ready acceptance of abortion as a remedy can lead to an established pattern of repeated pregnancy and abortion. The ramifications of this for the individual and for society are considerable.

Specific considerations. The specific considerations related to abortion are mainly practical in nature; legality, availability, safety, cost, secrecy and security. Each could be elaborated upon. However, if the trend of the past few years is indicative, it appears that all of these practical aspects will become easier to manage. At present, however, all must be considered. Any one may be problematic.

5. Keep the Child or Give up the Child?

Should the single pregnant girl decide to deliver the child, she must decide whether to keep it or to give it up. (Rarely does the father have to make this decision.) Again, the same general considerations related to the welfare of the child and the impact upon all concerned individuals are relevant. Added to these are specific points pro and con for giving up the child for adoption.

On the plus side for the infant, presumably, "it" would be wanted by the adoptive parents and would most likely have an advantage in terms of support, education and care. The adoption market is no longer flooded with babies and so the adoptive parents profit. The natural parents have been discussed in general considerations earlier.

On the negative side are the possible psychological effects upon the mother and also, at a later date on the child. Finally, for the infant who in any way varies from normal, less than satisfactory foster homes may provide the substitute for adoptive homes.

6. Remain Single or Marry?

If the young mother chooses to keep the child, she may consider marriage as an alternative to remaining single. In selecting marriage she will meet the requirements set forth in Malinowski's Principle of Legitimacy--providing the infant with a male link to society. She herself, may receive physical and emotional support. On the other hand marriage, entered into because of the child, can be problematic. Love, affection, responsibility may be absent and thus, the solution to the problem may be a bad one.

For the girl who keeps the child and remains single, the following points must be considered: continuation of the relationship, provision of care and support for the child, planning for the future of the mother, determining the father's responsibility, deciding upon the type of family or group structure. Each of these considerations is multi-faceted and complicated even for the traditional, two parent, married family group. For the single adolescent, the problems are multiplied.

Summary and Conclusion

The six basic decisions set forth in this model are crucial in any sexual relationship. These are not necessarily the decisions which will ensure a loving relationship, a good marriage, or a stable family life. A second model, and an important one, should deal with values, emotions, commitments, and life styles. This would provide additional dimensions and insights and would relate more specifically to the individual goals mentioned above. The six decisions included in the present model are the basic decisions which call for a high degree of responsible action which takes into consideration the larger, more-inclusive society. These are decisions which must be made on a continuous basis throughout the entire reproductive life span, for both the single and the married. (Even though one cannot recover virginity after the initial sexual intercourse, still the question recurrs, "To have or not to have sexual intercourse?")

It is highly probable that the greatest difficulties could be anticipated for the female rather than for the male and for the following sequence of choices: intercourse, no birth control, deliver the child, keep the child, remain single.

However, it has been pointed out that there will be individual differences in motivation, psychological and physical reactions. Each adolescent, faced with sexual decisions, brings his or her unique genetic and environmental heritage to the problem.

In this last half of the twentieth century, adults can not make decisions for youth. Nor can they be expected to assume responsibility for the actions of young people. Each individual must make his or her own choices, and must then accept responsibility for the results. Adults can and must try to prepare the next generation to deal effectively with life. This can be facilitated through knowledge and training in problem solving and decision-making. Hopefully this will be beneficial.

This model, then provides no answers, makes no decisions. It does propose a framework, a point of reference which will encourage decision-making on the basis of long-range implications rather than on a short-term basis.

Parents, teachers, counselors, social workers--indeed any adult, working with people could objectively and systematically help the individual. A problem-solving approach could be utilized by presenting the available alternatives, examining the various implications, and relating these to individual needs and values. Goals, options, timing and consequences can all be discussed within the framework of this model.

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